



Job Code: 8019

Grade: 24

HCWR: N

Job Title

Chief Quality Officer

Department

Quality Assurance

This position is exempt from Career Service under the CCH Personnel Rules.

Job Summary

The Chief Quality Officer is responsible for direction, coordination, and oversight of quality improvement, risk management, regulatory compliance, patient safety, system transformation and performance improvement functions for Cook County Health (CCH), including two hospitals, one of which is the John H. Stroger, Jr. Hospital of Cook County; an ambulatory and community health network comprised of multiple clinics; an infectious disease ambulatory center, a correctional healthcare facility, Health Plan Services which includes CountyCare, a managed care organization, and the Cook County Department of Public Health. The mission of CCH is to provide high quality, safe care to the residents of Cook County regardless of ability to pay.

General Administrative Responsibilities

Collective Bargaining

- Review applicable Collective Bargaining Agreements and consult with Labor Relations to generate management proposals
- Participate in collective bargaining negotiations, caucus discussions and working meetings

Discipline

- Document, recommend and effectuate discipline at all levels
- Work closely with labor relations and/or labor counsel to effectuate and enforce applicable Collective Bargaining Agreements
- Initiate, authorize and complete disciplinary action pursuant to CCH system rules, policies, procedures and provision of applicable collective bargaining agreements

Supervision

- Direct and effectuate CCH management policies and practices
- Access and proficiently navigate CCH records system to obtain and review information necessary to execute provisions of applicable collective bargaining agreements



General Administrative Responsibilities

Management

- Contribute to the management of CCH staff and CCH' systemic development and success
- Discuss and develop CCH system policies and procedures
- Consistently use independent judgment to identify operational staffing issues and needs and perform the following functions as necessary; hire, transfer, suspend, layoff, recall, promote, discharge, assign, direct or discipline employees pursuant to applicable Collective Bargaining Agreements
- Work with Labor Relations to discern past practice when necessary

Typical Duties

- Establishes and maintains efficient and reliable mechanisms for monitoring, analysis and reporting of quality outcomes and clinical performance improvement initiatives, in alignment with regulatory standards and healthcare best practices for quality improvement and patient safety initiatives
- Works with CCH Leadership to identify need and create action plans
- Designs and maintains various aspects of the patient safety and risk management programs for CCH.
- Manages performance improvement projects to assure milestones and key performance indicators are met within the established parameters
- Provides a planned, efficient, system-wide approach to identifying, designing, measuring, prioritizing and monitoring all quality improvement, risk management and patient safety activities
- Collaborates with medical staff and operational leadership to develop and facilitate evidence-based quality, risk management and patient safety initiatives
- Reports to the CCH Leadership and the Quality Committee of the Board
- Participates and provides support to the CCH' Quality Performance Council
- Engages staff at all levels as participants in a continual pursuit of improvement opportunities
- Provides leadership and focus on performance excellence for patient satisfaction and regulatory compliance
- Establishes appropriate reporting tools for clinical and medical staff services
- Prepares and interprets reports, summaries and statistical data including system-wide performance improvement summaries to identify trends and make recommendations for improvement, including but not limited to sentinel events, Root Cause Analysis and Failure Modes and Effect Analysis (FMEA) processes
- Assures a common standard of care and service throughout the System
- Coordinating system-wide accreditation readiness activities
- Performs other duties as assigned by the CEO

Reporting Relationship

Reports to the Chief Executive Officer



Minimum Qualifications

- Doctor of Medicine (M.D.) or Doctor of Osteopathy Medicine (D.O.) degree OR a Master's degree in Healthcare Administration or other health related field from an accredited college or university with three (3) years of experience directing and/or leading Quality Department or Program in a health system or safety net hospital
- Minimum of five (5) years of experience in progressively more responsible healthcare leadership positions
- Experience in an academic or large teaching facility that incorporates both hospital and ambulatory sites
- Experience with and knowledge of federal, state and local requirements

Preferred Qualifications

- Experience in managing and working towards achieving quality related awards (i.e., Magnet, Baldrige, etc.).
- Ten years of experience in progressively more responsible healthcare leadership regarding Quality Improvement Initiatives
- Certified Professional in Healthcare Quality (CPHQ) or Health Care Quality Management (HCQM)

Knowledge, Skills, Abilities and Other Characteristics

- Knowledge and experience in directing/leading a quality improvement program in a multi-site health system or equivalent setting
- Demonstrated knowledge and experience with hospital regulatory and accreditation requirements
- Demonstrated knowledge and experience in performance improvement techniques, leading and training in performance improvements
- Working knowledge and expertise with Root Cause Analysis development
- Skilled in the use of Microsoft Office
- Excellent communication skills to prepare written materials and to correspond with administrative personnel, System personnel and the general public
- Demonstrate attention to detail, accuracy and precision
- Demonstrate analytical and organizational, problem-solving, critical thinking and conflict management/resolution skills
- Ability to consistently support quality and patient safety by maintaining confidentiality, protecting the assets of the System, acting with ethics and integrity, reporting non-compliance, and adhering to applicable Federal and State laws and regulations, accreditation and licensure requirements and System policies and procedures
- Ability to organize priorities and workflows to meet deadlines and project targets Highly developed interpersonal skills



Physical and Environmental Demands

This position is functioning within a healthcare environment. The incumbent is responsible for adherence to all hospital and department specific safety requirements. This includes but is not limited to the following policies and procedures: complying with Personal Protective Equipment requirements, hand washing and sanitizing practices, complying with department specific engineering and work practice controls and any other work area safety precautions as specified by hospital wide policy and departmental procedures.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of the personnel so classified.

For purposes of the American with Disabilities Act, “Typical Duties” are essential job functions.